



# CUSTOMER SERVICE SURVEY

Please let us know how we are doing!

City of New Bedford

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## What was the nature of your contact with us today?

- ☐ General Information   ☐ Paying a Bill   ☐ Employment Information   ☐ Certificates (birth/death, etc.)  
☐ Permitting/Licensing Assistance   ☐ Passports   ☐ Other \_\_\_\_\_
- 

Check as appropriate:

**Strongly Agree**

**Agree**

**Disagree**

**Strongly Disagree**

**No Comment**

**Staff was courteous and helpful.**

☐☐☐☐☐

**A timely response was provided.**

☐☐☐☐☐

**My overall experience was positive.**

☐☐☐☐☐

**Which department provided service?** \_\_\_\_\_

**Please indicate the name(s) of any staff person who served you:** \_\_\_\_\_

**As a result of your experience with us, do you have any service-related suggestions?** \_\_\_\_\_

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**Please share any additional comments below:**

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**Contact information (optional):**

Name

Address

City, State, Zip

Email address

Telephone number

Date submitted: \_\_\_\_\_

Please return completed form to the survey collection box in the Personnel Dept., Room 212, 2<sup>nd</sup> Fl., City Hall.

*Thank you for helping us to serve you better!*